

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/651,221
APPLICANT(S) _____

FILED DATE _____

5-27-04

CLAIMS

	<u>AS FILED</u>		<u>AFTER 1ST AMENDMENT</u>		<u>AFTER 2ND AMENDMENT</u>	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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50						
TOTAL IND.	1					
TOTAL DEP.	20					
TOTAL CLAIMS	21					

	IND	DEP	IND	DEP	IND	DEP
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